AUTHORIZATION FOR CANDIDATE'S REPRESENTATIVE

PRIMARY ELECTION

Election Date: June 3, 2014

Candidate's Name: As registered to vote:	
As to appear on the ba	Illot:(If known at this time)
Mailing Address:	
Residence Address:	
Contact Info:	() () Day Telephone Evening Telephone
Office Sought: District Name:	E-Mail
District or Office Number:	
I authorize the following my candidacy to the abo	person(s) to act as my representative to obtain the necessary forms ove-referenced office:
Lors aware of the filing	datas. The forms must be completed and received by the Devictors
	dates. The forms must be completed and received by the Registral p.m. on the deadline date.
	(A postmark is not acceptable .)
Allowed for any office Declaration of Intent Required for Superio Declaration of Cand Required for <u>all</u> office	ing Fee
Date	Candidate's Signature

^{*} Candidates for San Diego Unified School District, please call for details.